

WRITE PL. BY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 53

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Francisco Jorguez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth May 11 - 1920  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. FATHER  
Full name Rafael Jorguez  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Ariz.  
10. Color or race Mex.  
11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Solomonville  
(State or country) Ariz.

13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Isabelle Figueroa  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Ariz.  
16. Color or race Mex.  
17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Bisbee  
(State or country) Ariz.

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 4 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 7 A. m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Byril M. Brown M.D. (Physician or midwife).  
Address Miami, Ariz.

Given name added from a supplemental report. \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed May 16, 1925 C. B. Zwin  
Local Registrar.

Registrar

Filed \_\_\_\_\_, 19 \_\_\_\_\_

County Registrar.

619-511-961